

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 33391
Registrar's No. 8630

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 33391		Registrar's No. 8630	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (in this place) 2 hours		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2089			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3860 Maffitt Ave.				d. STREET ADDRESS 8 8569 Lowell St.		e. (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Minnie		a. (First)		b. (Middle) L.		c. (Last) Schierbaum		4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1952.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 20, 1888.		9. AGE (In years last birthday) 63 If under 1 year: Months _____ Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jerseyville, Illinois.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Charles Alexander King		13b. MOTHER'S MAIDEN NAME Maggie Hughes		14. NAME OF HUSBAND OR WIFE Adolph Schierbaum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adolph Schierbaum, 8569 Lowell St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>Several years</u> <u>Several years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 416X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept 26, 1947</u> , to <u>Sept 13, 1952</u> , that I last saw the deceased alive on <u>Sept 13, 1952</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John J. Forti</u>		(Degree or title) <u>Dr. D.</u>		23b. ADDRESS <u>4703 Carter Ave. St. Louis</u>		23c. DATE SIGNED <u>9-15-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Removal-Moror 9/16/52.		24c. NAME OF CEMETERY OR CREMATORY Jerseyville		24d. LOCATION (City, town, or county) (State) Jerseyville, Illinois.			
DATE REC'D BY LOCAL REG. SEP 15 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE Alvin F. Feutz, 4828 Natural Bridge Blvd.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-12-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph C. Leavelle

Licensed Embalmer No. 4225

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.